



THE PHYSICIAN'S *Bookshelf*

HANDBOOK OF CARDIOLOGY FOR NURSES—Third Edition—Walter Modell, M.D., F.A.C.P.; Associate Professor, Cornell University Medical College; Attending Physician, New York Veterans Administration Hospital; Associate Attending Physician, Bellevue Hospital; and Doris R. Schwartz, B.S., R.N.; Assistant Professor, Cornell University-New York Hospital School of Nursing; Public Health Nursing Coordinator, Comprehensive Care and Teaching Program, The New York Hospital-Cornell Medical Center. Springer Publishing Company, Inc., 44 East 23rd St., New York 10, N. Y., 1958. 328 pages, \$4.50.

The "Handbook of Cardiology for Nurses" is a well written clear handbook for the registered nurse who is given the responsibility for care of a cardiac patient, or for the nurse who wishes to familiarize herself with recent developments of cardiology. The intelligent layman would also profit by reading the book although it assumes a certain basic knowledge of medicine and medical terms which may be beyond the scope of the average person. The specialized cardiac vocabulary is very clearly explained and the various cardiac diseases lucidly described.

As might be expected in a book collaborated on by a physician and a nurse, the book covers the various common cardiac diseases both diagnostically and therapeutically. It has a long excellent section of six chapters on the nurse's function in the care of the patient and an appendix of low sodium diets and menus. The authors particularly note that the initiative and responsibility belong with the attending physician and have tried to define the limits within which the nurse must move. They stress the importance of the nurse as an on the spot observer and point out that the nurse's presence and intelligent action may often mean the difference between life and death for the patient. The role of the nurse as a buffer between the patient and his often difficult family, and between the patient and his physician are also discussed.

The purely medical aspects of the discussion of cardiac diseases are extremely clear if at times not quite up to date. Advances in the field, however, have occurred so rapidly and the lag between writing the manuscript and publication may explain some of the deficiencies. For example in the discussion of treatment in congenital heart disease it is stated that the surgical operations now in use cannot repair the defect entirely. This is obviously incorrect with the new "open heart" surgical procedures. In the discussion of steroids no drug is mentioned other than cortisone and ACTH, the newer steroids are not discussed. The discussion of vasoconstrictors and the treatment of hypotension is very inadequate. The discussion of Heparin does not include the newer concentrated preparations or the subcutaneous use of the drug. In the discussion of quinidine the preparation of quinidine gluconate which is probably used most extensively is not mentioned, and the general discussion of its use in the treatment of atrial fibrillation is not as extensive as it might be.

In the discussion of the treatment of hypertension, the newer drugs Ansolysen and Mecamylamine are barely men-

tioned despite the fact that these are the drugs that are most potent and most commonly used of the ganglionic blockers. Furthermore, the statement that Hydralazine is the best of the new drugs would be challenged by many. No mention is made of depression as a toxic manifestation of Rauwolfia, nor an indication of the presently considered safe dose. This is a most important point since the nurse may be the one who first notices the behavioral change. Chlorothiazide is discussed but no mention is made of the fact that potassium loss may occur and that this may result in weakness and in the patient receiving digitalis, even ventricular arrhythmias. This is quite important for the nurse to know. There is a considerable discussion of the ion-exchange resins despite the fact that nowadays these are rarely used. The maintenance dose of digoxin is stated to range around 0.5 to 0.75 milligrams daily. This is too high. The statement is made that there is no established antidote for digitalis poisoning; this fails to take into account the work on the use of potassium which is an effective antidote for ventricular arrhythmias.

Despite the various illustrations noted, all of which indicate that the new edition has not included the most recent developments in the field of cardiology, the book can be highly recommended as a very lucid account of the subject and one which gives the reader a very clear idea of diseases of the heart. The book can be strongly recommended and it is hoped that in the fourth edition the comments noted above can be taken into account.

MAURICE SOKOLOW, M.D.

* * *

FIRST AFRO-ASIAN CONGRESS OF OPHTHALMOLOGY—March 1 to 5, 1958, Cairo, United Arab Republic—Acta, Incorporating Bull. Ophth. Soc. Egypt, Vol. 51, 1958. 734 pages.

The Afro-Asian Congress of Ophthalmology is a new ophthalmological organization with membership from Ceylon, China, India, Indonesia, Iraq, Japan, Jordan, Lebanon, The Philippines, Saudi Arabia, Sudan, South Africa, U.S.S.R., Tunis, Turkey, Thailand and the United Arab Republic.

The transactions report the proceedings of this first Afro-Asian Congress of Ophthalmology. By and large, the papers do not come up to Western World standards, and, in most instances, have nothing new to offer. The meeting was held in Cairo.

The aims of this Congress, which is to meet every four years, are to study eye diseases in Africa and Asia, "to cooperate in finding the best ways of combating and eliminating these diseases," to encourage research and obtain grants for research and education.

With further organizational experience, it is probable the standards of the meeting will be raised. The book is primarily in English with here and there Arabic and French.

FREDERICK C. CORDES, M.D.